

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

OMB No. 1545-0047

**2002**Open to Public  
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2002 calendar year, or tax year period beginning **AUG 1, 2002** and ending **JUL 31, 2003****B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☒ Initial  
return
- ☐ Final  
return
- ☐ Amended  
return
- ☐ Application  
pending

Please  
use IRS  
label or  
print or  
type See  
Specific  
Instruc-  
tions**C** Name of organization**FLORIDA'S WORKING FAMILIES, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

**8465 OLD DIXIE HWY**

City or town, state or country, and ZIP + 4

**WABASSO, FL 32970****D** Employer identification number**22-3864626****E** Telephone number**(813) 254-3369****F** Accounting method☒ Cash

Accrual

☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☐ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☐ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is **not** required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Web site: **▶ N/A****J** Organization type (check only one) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☒ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The  
organization need not file a return with the IRS; but if the organization received a Form 990 Package  
in the mail, it should file a return without financial data. **Some states require a complete return****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,466,101.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

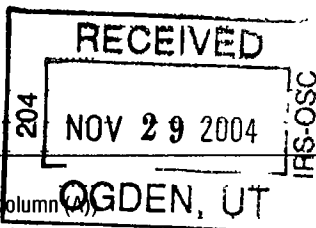
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>2,466,101.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,466,101.</b> noncash \$ )			<b>1d 2,466,101.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>
	<b>3</b> Membership dues and assessments			<b>3</b>
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>
	<b>6 a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>	
	<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule)			
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12 2,466,101.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))			<b>13</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17 2,358,989.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18 107,112.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19 0.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20 0.</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21 107,112.</b>

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LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	0.		
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	7,238.		
32	Legal fees	32	17,017.		
33	Supplies	33	1,000.		
34	Telephone	34			
35	Postage and shipping	35	36.		
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	<b>BANK CHARGES</b>	43a	209.		
b	<b>CONSULTING</b>	43b	15,000.		
c	<b>VOTER CONTACT</b>	43c	616,680.		
d	<b>MEDIA BUYS</b>	43d	1,701,809.		
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	2,358,989.		

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (i) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? ☐**POLITICAL ACTIVITY UNDER IRC SECTION 527**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	<b>TO RECEIVE DONATIONS AND MAKE DISBURSEMENTS FOR POLITICAL ACTIVITY WITHOUT ENGAGING IN EXPRESS ADVOCACY FOR OR AGAINST ANY IDENTIFIED CANDIDATES FOR FEDERAL, STATE OR LOCAL OFFICE.</b>	
	(Grants and allocations \$ _____)	
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <input type="checkbox"/>	

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing		<b>45</b> 107,112.
	<b>46</b> Savings and temporary cash investments		<b>46</b>
	<b>47 a</b> Accounts receivable	<b>47a</b>	
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	<b>47c</b>
	<b>48 a</b> Pledges receivable	<b>48a</b>	
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b>
	<b>49</b> Grants receivable		<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees		<b>50</b>
	<b>51 a</b> Other notes and loans receivable	<b>51a</b>	
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b>
	<b>52</b> Inventories for sale or use		<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>
	<b>54</b> Investments - securities <span style="float:right">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		<b>54</b>
	<b>55 a</b> Investments - land, buildings, and equipment: basis	<b>55a</b>	
	<b>b</b> Less: accumulated depreciation	<b>55b</b>	<b>55c</b>
<b>56</b> Investments - other		<b>56</b>	
<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b>		
<b>b</b> Less: accumulated depreciation	<b>57b</b>	<b>57c</b>	
<b>58</b> Other assets (describe ▶ )		<b>58</b>	
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>0.</b>	<b>59</b> 107,112.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>
	<b>61</b> Grants payable		<b>61</b>
	<b>62</b> Deferred revenue		<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees		<b>63</b>
	<b>64 a</b> Tax-exempt bond liabilities		<b>64a</b>
	<b>b</b> Mortgages and other notes payable		<b>64b</b>
	<b>65</b> Other liabilities (describe ▶ )		<b>65</b>
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65)	<b>0.</b>	<b>66</b> 0.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>		
	<b>67</b> Unrestricted		<b>67</b>
	<b>68</b> Temporarily restricted		<b>68</b>
	<b>69</b> Permanently restricted		<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 70 through 74.</b>		
	<b>70</b> Capital stock, trust principal, or current funds	<b>0.</b>	<b>70</b> 0.
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund	<b>0.</b>	<b>71</b> 0.
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	<b>0.</b>	<b>72</b> 107,112.
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	<b>0.</b>	<b>73</b> 107,112.
<b>74</b> <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>0.</b>	<b>74</b> 107,112.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



**Part VI Other Information**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? <b>N/A</b>	78a	
b	If "Yes," has it filed a tax return on Form 990-T for this year? <b>N/A</b>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>▶</b> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <b>81a</b> <b>N/A</b>		
b	Did the organization file Form 1120-POL for this year? <b>N/A</b>	81b	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b> <b>N/A</b>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <b>N/A</b>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <b>N/A</b>	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members <b>85c</b> <b>N/A</b>		
d	Section 162(e) lobbying and political expenditures <b>85d</b> <b>N/A</b>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> <b>N/A</b>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> <b>N/A</b>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <b>N/A</b>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <b>N/A</b>	85h	
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <b>86a</b> <b>N/A</b>		
b	Gross receipts, included on line 12, for public use of club facilities <b>86b</b> <b>N/A</b>		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <b>87a</b> <b>N/A</b>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b> <b>N/A</b>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>▶ N/A</b> ; section 4912 <b>▶ N/A</b> ; section 4955 <b>▶ N/A</b>		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction <b>N/A</b>	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶ N/A</b>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>▶ N/A</b>		
90 a	List the states with which a copy of this return is filed <b>▶ NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2002 <b>90b</b> <b>0</b>		
91	The books are in care of <b>▶ ROBERT WATKINS &amp; COMPANY</b> Telephone no. <b>▶ (813) 254-3369</b>		

Located at **▶ 610 S. BOULEVARD, SUITE 100, TAMPA, FLORIDA**ZIP + 4 **▶ 33606**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here **▶** ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year **▶ 92** **N/A**

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	0.
105 Total (add line 104, columns (B), (D), and (E))					0.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

**Line No.** Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Robert M. Hale</i>		Date <i>11/15/04</i>	Type or print name and title <i>ROBERT M. HALE, Director</i>
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>11/13/04</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>ROBERT WATKINS &amp; COMPANY, P.A. 610 S. BOULEVARD, SUITE 100 TAMPA, FL 33606</b>		EIN	Phone no. <b>813-254-3369</b>

**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

**2002**

Name of organization

Employer identification number

FLORIDA'S WORKING FAMILIES, INC.

22-3864626

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☒ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II )

**Special Rules-**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II )
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990 and Form 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

Name of organization

Employer identification number

**FLORIDA'S WORKING FAMILIES, INC.****22-3864626****Part I Contributors** (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<b>1</b>	<b>ENERFAB</b> <b>4955 SPRING GROVE AVE.</b> <b>CINCINNATI, OH 45232</b>	\$ <b>10,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>2</b>	<b>FMC CORPORATION</b> <b>1735 MARKET ST.</b> <b>PHILADELPHIA, PA 19103</b>	\$ <b>10,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>3</b>	<b>ZIPPERER FARMS, LLC</b> <b>2725 HANSON ST</b> <b>FORT MYERS, FL 33901</b>	\$ <b>15,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>4</b>	<b>ALICO, INC.</b> <b>640 S. MAIN ST.</b> <b>LA BELLE, FL 33935</b>	\$ <b>30,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>5</b>	<b>BEN HILL GRIFFIN, INC.</b> <b>700 S. ALT U.S. 27</b> <b>FROSTPROOF, FL 33843</b>	\$ <b>20,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>6</b>	<b>SOUTHERN GARDENS CITRUS PROCESSING</b> <b>111 PONCE DE LEON AVE.</b> <b>CLEWISTON, FL 33440</b>	\$ <b>50,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

FLORIDA'S WORKING FAMILIES, INC.

22-3864626

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	OAKLEY GROVES, INC. 101 ABC RD. LAKE WALES, FL 33859	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	WOERNER TURF 777 S. FLAGLER DR. #1100E WEST PALM BEACH, FL 33401	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	SEM-CHI RICE PRODUCTS ATLANTIC RD. OFF S.R. 880 LOXAHATCHEE, FL 33470	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	FLORIDA CITRUS MUTUAL 302 S. MASSACHUSETTS AVE. LAKELAND, FL 33801	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	FLA. FARM BUREAU 5700 S.W. 34TH ST. GAINESVILLE, FL 32608	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12	FLA. FRUIT & VEGETABLE ASSOC. 4401 E. COLONIAL DR. ORLANDO, FL 32803	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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FLORIDA'S WORKING FAMILIES, INC.

22-3864626

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	FLA. FERTILIZER & AGRICHEMICAL ASSOC. 58 4TH ST. N.W. #200 WINTERHAVEN, FL 33883	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	FLA. CATTLEMEN'S ASSOC. 800 SHAKERAG RD. KISSIMMEE, FL 34742	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	A. DUDA & SONS 197 S.W. S.R. 426 OVIEDO, FL 32765	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	FARM CREDIT OF SW FLORIDA 340 N. BREVARD AVE. ARCADIA, FL 34266	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	U.S. SUGAR CORP 111 PONCE DE LEON BLVD. CLEWISTON, FL 33440	\$ 857,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	FLORIDA CRYSTALS 1 N. CLEMENTIS ST. #200 WEST PALM BEACH, FL 33401	\$ 857,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FLORIDA'S WORKING FAMILIES, INC.

22-3864626

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	SUGAR CANE GROWERS CO-OP BOX 666 W. SUGARHOUSE RD. BELLE GLADE, FL 33430	\$ 305,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	FARM CREDIT OF CENTRAL FLORIDA 1005 N. LAKE PARKER AVE. LAKELAND, FL 33802	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note:** Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete **Part I** only  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	FLORIDA'S WORKING FAMILIES, INC.	22-3864626
	Number, street, and room or suite no. If a P.O. box, see instructions. 8465 OLD DIXIE HWY	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WABASSO, FL 32970	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until MARCH 15, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning AUG 1, 2002, and ending JUL 31, 2003

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

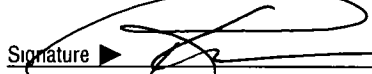
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **PREPARED BY**  
**ROBERT WATKINS & COMPANY**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
**(59 2645714)**  
**610 S. BOULEVARD, STE. 107**  
**TAMPA, FLORIDA 33606**  
Date 12/12/03  
Form **8868** (12-2000)  
LHA For Paperwork Reduction Act Notice, see instruction